FNHA’s In’ati Is’ick Tuberculosis (TB) Services program includes consultation and support to Community Health Nurses (CHNs), Community Wellness Workers and First Nations Health Service Organizations. In’ati is’ick means “to paddle across” in Chinook language. Persons experiencing TB are not alone; we are paddling together to get across the divide of illness and colonization to the shores of wellness and Indigenous revitalization.

In’ati Is’ick aims to close the gap between TB incidence for First Nations peoples of BC and the all-population rate of TB in the province by 2022.

Farther range targets include the WHO goal for low-incidence countries which aims for a 50% reduction in TB incidence, and less than 10 cases of TB per million population, by the year 2035. High level strategies include assurance of timely and culturally safe diagnosis, treatment and follow-up care for those exposed to and/or diagnosed with TB. In addition, this good work requires transformation of medicalized TB models of prevention to integrated, community-driven interventions informed through Indigenous perspectives.

This Community Programming Guide directs you in how to launch TB services in your community. Training and clinical program guidance is aimed at CHNs or Home Community Care Nurses (HCCN). The Canadian TB Standards Manual, the BC Centre for Disease Control (BCCDC) Provincial TB Manual, and the BCCDC TB Screening Decision Support Tool provide clinical guidelines, competencies and standards. FNHA TB Nurse Advisors are your resource for guidance on all aspects of TB programming for First Nations communities.
FNHA TB Services Community Program Guide

1.0 PROGRAM DEVELOPMENT

1.1 Cultural-Historic Context of TB for Indigenous Peoples in BC

1.2 Public Health Training

1.3 Resources: Equipment, Forms, Supplies

2.0 PROGRAM IMPLEMENTATION

2.1 Goals for Priority Screening for TB

2.2 Stepwise Approach to Setting Up and Conducting Priority Screening

3.0 PROVINCIAL TB SERVICE DELIVERY MATRIX FOR FIRST NATIONS COMMUNITIES

3.1 BC First Nations TB Services Roles & Responsibilities

3.2 Holistic Case Management Model

APPENDIX A FNHA TB Services Priority Screening Quick Reference Guide

APPENDIX B FNHA TB Services Contact Information
1.0 PROGRAM DEVELOPMENT

1.1 CULTURAL-HISTORIC CONTEXT OF TB FOR INDIGENOUS PEOPLES IN BC

The first steps for clinicians in this journey is to learn, respect and support the expert knowledge of lived experience within First Nations communities; to understand and acknowledge the strength of Indigenous wellness perspectives as the most critical protective forces against TB disease; and to understand and acknowledge that TB sanatorium and residential school institutions produced multiple violations of human dignity. Even as historic trauma continues to impact current TB experiences, self-determination and cultural revitalization are the most important factors shaping the geography of TB today.

“TB NO LONGER HAS THE POWER OVER FIRST NATIONS IT ONCE DID. THE GHOSTS OF FORCED INSTITUTIONALIZATION, DEATH AND LOSS ARE A FEATURE OF THE PAST. TODAY FIRST NATIONS PEOPLE ARE TAKING CONTROL OF THEIR DESTINY USING THE INDIGENOUS SCIENCE EXPERTISE WE HAVE ALWAYS HAD - BASED IN LAND, CULTURE AND COLLECTIVITY. TB IS PREVENTABLE, CURABLE AND OUR PEOPLE WILL ACCEPT NO LESS THAN RESPECTFUL, CONSIDERATE AND QUALITY TB INTERVENTIONS.”

- Anonymous TB survivor.
CULTURAL HUMILITY
Strategize to work in harmony and equal partnership with community. Key competencies for Community Health Nursing include understanding cultural safety, relational trust, trauma informed care, outreach services, as well as knowing local protocol, systems and resources, both formal and informal.

LISTEN & LEARN
Meet with community members, participate in community activities and, with permission, visit important sites in the territory. Learn about the language, traditional territory, governance structures, traditional and cultural beliefs, and current perspectives on the CHN role in healing and care for community.

Hold conversation with Elders or cultural support workers around the context of TB for the community that you serve. Consider traditional medicines, wellness strategies, and the legacy of TB for this community. Research the community’s history in terms of residential school and TB sanatorium experience. What generations were effected directly? What generations continue to be impacted?

Seek recommendations on how to sensitively and effectively approach the topic of TB and conduct screening for community members. Consult on the best way forward to embed TB work within a greater wellness context.

PERSONAL GROWTH
Do your own personal work prior to implementation of services. Utilize Indigenous learning resources. Evaluate your work and obtain feedback. Is the approach too medically based? Is it creating fear? What is working well? What can be changed?

SOCIAL DETERMINANT LEVEL PERSPECTIVE
Consider the determinants of health and indicators pertinent to First Nations communities, including economic and environmental factors.

HOLD CONVERSATION WITH ELDERS OR CULTURAL SUPPORT WORKERS AROUND THE CONTEXT OF TB FOR THE COMMUNITIES THAT YOU SERVE
1.2 NURSING/PUBLIC HEALTH TRAINING

- Complete and pass the online component of the Immunization Competency Course and Exam: [www.bccdc.ca/health-professionals/education-development/immunization-courses/immunization-competency-course](http://www.bccdc.ca/health-professionals/education-development/immunization-courses/immunization-competency-course). The immunology, cold chain and anaphylaxis management sections are key learning for TB practice. For more information, contact FNHA Communicable Disease Population & Public Health team at: 1-844-364-2232 or email [Immunize@fnha.ca](mailto:Immunize@fnha.ca)

- Nurses can conduct TB screening if they have completed the online component of the immunization certification, even if awaiting final skills checklist observation, and they self-assess as competent per the TB DST. The following courses and documents should also be reviewed:

  - **TB Essentials Online Course:** [www.bccdc.ca/health-professionals/education-development/tuberculosis-online-courses#Essentials](http://www.bccdc.ca/health-professionals/education-development/tuberculosis-online-courses#Essentials)
  
  - **TST Training Online Course:** [www.bccdc.ca/health-professionals/education-development/tuberculosis-online-courses#TST](http://www.bccdc.ca/health-professionals/education-development/tuberculosis-online-courses#TST)
  
  - **TB DST and TB Screening Competencies:** [www.bccdc.ca/health-professionals/clinical-resources/tuberculosis-guidelines](http://www.bccdc.ca/health-professionals/clinical-resources/tuberculosis-guidelines)
  
  - **TB Screening Guidance for CHWs, LPNs, and RNs:** [https://partners.fnha.ca/sites/HomeandCommunityCare/TBResources/Forms/Document%20Type1.aspx](https://partners.fnha.ca/sites/HomeandCommunityCare/TBResources/Forms/Document%20Type1.aspx)
  
  - **TB Manual:** [www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis](http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis)

- Attend the FNHA Communicable Disease Population & Public Health Forum and the FNHA In’ati Is’ick (Paddling Together) TB Workshop for Community-Centered Practice (LPN/RN/NP), when feasible. The FNHA TB Services team can also come to you for program planning, training and capacity building in community. Confirm you are added to the FNHA Communicable Disease Population & Public Health All Nurses Distribution List by emailing: [CDC@fnha.ca](mailto:CDC@fnha.ca)

- Know your local Public Health Nurse or Communicable Disease Team and the nearest locations for labs and medical imaging. Contact the FNHA TB Services team for support at [FNHATB@fnha.ca](mailto:FNHATB@fnha.ca)
1.3 **RESOURCES: EQUIPMENT, FORMS, SUPPLIES**

- Assure fridge, thermometers (min/max, data logger), back-up power supply, temperature monitoring and documentation, cold chain transportation equipment are in place: [www.bccdc.ca/health-professionals/clinical-resources/immunization/vaccine-management](http://www.bccdc.ca/health-professionals/clinical-resources/immunization/vaccine-management)

- Order PPD from local Health Unit, provided free of charge through BCCDC

- Order TB syringes, anaphylaxis kit contents and other materials needed for PPD administration


- Download or order additional TB program forms, educational materials, and other resources (e.g., TB caliper rulers) through FNHA: [www.fnha.ca/what-we-do/communicable-disease-control/respiratory-infections-tuberculosis](http://www.fnha.ca/what-we-do/communicable-disease-control/respiratory-infections-tuberculosis)
2.0 PROGRAM IMPLEMENTATION

CHANGES TO TB SCREENING PROGRAM EFFECTIVE OCT 29, 2020:

The top priorities for TB Screening in BC First Nations communities include screening those at high risk of exposure to TB and screening those at higher risk for progression to active TB disease if infected with latent TB.

Enhanced TB Screening protocols for preschool and school age children in BC First Nations communities were established in conjunction with the discontinuation of BCG vaccination in 2003. Recently, an evaluation of the BCG discontinuation and screening protocol was done. The key findings of this evaluation were:

- No adverse outcomes related to the discontinuation of the BCG vaccine
- Very few latent TB infections or active TB cases found through screenings efforts
- TB screening of children can be safely discontinued

A review of the employee screening program was also done and found there was a low yield for the screening, and that coverage was both inconsistent and resource intensive. Accordingly, it was recommended that employee screening be brought into alignment with the following BC provincial guidelines:

- Health Care Workers: 2-step TST upon first hire in BC and no further testing unless TB risk identified
- Other employees (public service, corrections, shelters, treatment centres, educators): TST upon starting employment or at the discretion of employers, and no further testing
- Students: at request of the institution

The changes outlined above will allow a better focus on top priorities for TB screening. As such, FNHA TB Services would like to provide more guidance and support to enable communities to implement this practice.

ESSENTIAL CONCEPTS UNDERPINNING PRIORITY SCREENING FOR TB:

- Untreated latent TB infection (LTBI) can progress to active TB at any time;
- Certain risk factors increase the probability of progression from LTBI to active disease;
- Increased risk for exposure to TB results from specific activities and living situations; and
- The most important aspect of the TB Screening Program is sharing knowledge so that clients are empowered to manage their own wellness.
2.1 GOALS FOR PRIORITY SCREENING FOR TUBERCULOSIS

1. Increase early detection of active TB to reduce mortality and morbidity, and to minimize transmission to others.
2. Prevent progression to active TB in those at risk through the treatment of latent TB Infection.
3. Empower community members who are at increased risk for TB exposure or progression to TB disease to manage their health through knowledge and action.

LATENT TB INFECTION (LTBI)

- LTBI is established when an individual is exposed to TB, breathes the TB bacteria into their lungs, and the immune response successfully walls off the bacteria, rendering it dormant.
- It is estimated that 10% of people with LTBI will progress to active TB over their lifetime.
- A number of co-morbidities or other risk factors can significantly increase a person's lifetime risk.

RISK FACTORS THAT INCREASE THE PROBABILITY OF PROGRESSION FROM LTBI TO ACTIVE TB

1. AGE:
   - Seniors over the age of 65 have the highest incidence of TB.
   - Seniors are more likely to be diagnosed late and die from TB than any other age group.
   - Older community members are more likely to have co-morbidities which results in primary care providers (PCPs) often looking to other diagnoses before considering TB. The declining prevalence of TB also contributes to delayed diagnosis as HCPs do not have a high degree of suspicion for TB.
   - Many older community members have had TB in the past, been in the sanatoriums, or have had exposures to TB throughout their lifetime. Their risk for progression to or recurrence of active disease is significant, especially if they have not had treatment or the treatment taken was inadequate.

2. MEDICAL RISK FACTORS:
   Community members with known LTBI or previous inadequately treated active TB may be at increased risk for TB disease if they have medical conditions that are known to increase that risk.
   - HIV: HIV increases the risk of progressing to active TB by 50 to greater than 100 times. Risk is highest for clients who have not achieved viral suppression and whose CD4 counts are lower.
   - Transplant: Transplantation increases the risk of progression by 2-70 times. This risk is related to immunosuppression caused by anti-rejection drugs. As a golden rule, clients are screened for LTBI and treated prior to their transplant.
   - Diabetes: A person with LTBI and diabetes is 3 times more likely to progress to active TB. Treatment failure, relapse and death from TB is also increased up to 5 times in this group.
   - Chronic Kidney Disease/Dialysis: The relative risk for progression to TB disease in a person with end stage renal disease receiving hemodialysis is increased by 50 times. This is related to impaired immunity in the context of uremia.
   - Cancer: Cancers, particularly hematologic or of the head and neck, increase the risk for progression to TB disease by up to 11 times.
   - Immunosuppressing Medications: This includes biologic anti-TNF agents and corticosteroids. Depending on the agent or the study, biologic agent's relative risk is 1.5-5.5 times. For corticosteroids such as prednisone, a daily dose of 15mg or greater for 1 month or longer requires screening and treatment of LTBI.
3. CHEST X-RAY ABNORMALITIES:
There are 2 types of radiographic changes on chest x-ray that signify an increased risk of TB reactivation. Granulomas double the risk of a person with LTBI progressing to active TB. Fibronodular scarring increases the risk by up to 19 times.

4. SUBSTANCE USE:
Heavy alcohol consumption, cigarette smoking of a pack or more per day, or daily cannabis use increases risk by up to 3 times.

5. TB HISTORY:
   a. Known TB exposure(s)
      - Recent exposure to active TB with a new positive TST (when a previous TST was negative less than 2 years ago) puts a person at their highest lifetime risk of progressing to TB disease.
      - Documented historical TB exposures increases the chance that an individual has true LTBI.
      - Multiple exposures may increase an individual's risk of progressing to active TB.
      - If an individual spent time in residential school they should be assumed to have had exposure to TB.
   
   b. Previous Incomplete Treatment
      - If a person did not complete a full course of treatment for latent or active TB they are at risk for developing active TB at some point in the future.
      - If treatment for LTBI or active TB was self-administered (ie., not directly observed) it is difficult to say with certainty that treatment was adequate.
      - Medications used during the Sanatoria era were often less effective, making the risk of TB recurrence more likely.

RISK FACTORS FOR EXPOSURE TO TUBERCULOSIS
Some community members may be at increased risk of exposure to TB:
   - Those without stable housing are naturally exposed to more people. The risk of exposure is also increased for people transient to urban centres, where TB is more common.
   - Those who live in overcrowded homes may have an increased risk of exposure.
   - Spending time in congregate settings, especially shelters or correctional facilities, increases the risk for individuals to be exposed to others. Outbreaks in shelters are particularly common.
   - Some individuals have very large social networks because of their work, family, or lifestyle. Individuals with substance use disorders may have many social contacts, increasing exposure risk.
2.2 STEPWISE APPROACH TO SETTING UP AND CONDUCTING PRIORITY SCREENING FOR TUBERCULOSIS

GATHER COMMUNITY TB HISTORY
Learning about the TB history of the community you work in is vital.
- Community health staff often have a wealth of knowledge, or can point you in a good direction.
- Community Elders are key individuals with memories and knowledge of the past.
- Conversations around TB can be extremely difficult. It’s important to acknowledge that many people were taken from their communities for treatment in TB hospitals without explanation or understanding. Often times, they spent years there without contact with family, subjected to similar abuses known to have existed within the Residential School system. Many people died in these hospitals and it was common for families to never know what happened.
- Sometimes a good way to start the conversation is by bringing community members together to share their stories. There are some excellent videos available to stimulate the conversation, such as: https://www.youtube.com/watch?time_continue=2&v=fO-Rn70X3Io.

GATHER INDIVIDUAL TB HISTORIES
There are many sources of information that you can use to begin building a list of individuals who may benefit from TB screening:
- Start by reviewing individual client records for information about TB history, previous TSTs, etc.
- Focus on high risk groups such as seniors and people with health problems known to increase the risk progression to TB disease.
- Run Panorama report “TB009 - First Nations Screening Summary” to get a list of people who have had a TB skin test in the past along with their result.
- If you do not have Panorama, or need help, contact FNHA TB Services.

IDENTIFY COMMUNITY MEMBERS WHO ARE A PRIORITY FOR SCREENING
- Determine who has a history of previous TB, positive TB skin test, or positive IGRA.
- Prioritize those with higher risk for progression to active TB based on their age, medical risk factors, and/or social determinants of health.
- Consider making a spreadsheet to assist you with your TB screening. You may also want to consider flagging charts in some way that alerts other HCPs to a client’s TB risk.
OFFER SCREENING
Do your screening using the TB Screening Form from the BCCDC website. Refer to the BCCDC TB DST and Manual for clinical guidelines, competencies, and protocols. Fax the completed form to FNHA TB Services at 604-689-3302, not to BCCDC as indicated on the form.

a. Symptom Assessment:
- Cough
- Sputum production
- Hemoptysis
- Fever
- Loss of appetite
- Weight loss
- Lymphadenopathy
- Night Sweats
- Fatigue
- Chest pain
- Hemoptysis
- Weight loss
- Fatigue

When discussing symptoms with clients try to obtain detailed information, such as onset, duration, quantity, progression over time, etc.

Symptoms of active TB tend to have an insidious onset and are easily attributed to other issues, such as coughing due to smoking, fatigue due to stress, or sweating due to menopause.

By the time symptoms of TB are really bothersome the disease may be very advanced.

Be aware that people who use substances may have difficulty recognizing symptoms.

Take the opportunity to discuss the nature of TB symptoms with the client, what to watch for, and the importance of seeing a health care provider early.

b. Risk Factor Assessment:
- Ask about risk factors that you may not already be aware of.

c. TB History:
- Document TB history, including TB exposures and/or previous treatment.
- Document date of past positive TSTs and/or IGRA results.

SCREENING TESTS
- Clients at risk of exposure to TB should get a TB skin test unless they've had a positive TST in the past.
- Chest x-rays are not routinely recommended when screening clients with previous positive TSTs. Instead, CXR is appropriate for people experiencing symptoms or going on treatment for LTBI.
- All clients who are symptomatic with a cough, sputum production or hemoptysis should have 3 sputum collected and sent for AFB testing. Be aware that older individuals may have difficulty producing sputum and need extra support. Sputum is key to TB diagnosis, so be persistent.
- IGRA testing – a tool used to confirm latent TB Infection – may be appropriate for clients who have had a BCG vaccination and who have never been treated for latent or active TB. Contact an FNHA TB Nurse Advisor to discuss this option, if appropriate.

FREQUENCY OF SCREENING
- At minimum, screening should be done annually. How you structure the screening is up to you. You may want to do it all at once, work on different target groups, or simply take the opportunity to screen those who are high priority whenever the opportunity arises.
SHARE KNOWLEDGE

- The most important aspect of your TB Screening Program will be the knowledge you share with clients that enables them to better protect their health and advocate for themselves to care providers.
- Many people who have had positive TB skin tests in the past do not remember, or do not fully understand, the significance of latent TB infection. Some may not recall ever having been treated for active or latent TB, especially those who were treated as children.
- Community members with risk factors may not have been told, or don't fully understand, the impact this has on increasing their chance of developing active TB.
- Educating people about the signs and symptoms of TB is especially important because symptoms are not specific to TB and are frequently attributed to other diagnoses. Armed with this knowledge, and an understanding of their risk based on LTBI status and co-morbidities, they can alert health care providers to check for TB if symptoms arise.
- Community members with LTBI may not be aware of the benefits of treating this infection. Treatment of latent TB infection is estimated to reduce the likelihood of progression to active TB to less than 1%. Treatment of LTBI also reduces the potential of transmitting TB disease to family members and others.

SUPPORT TB TREATMENT

- Community members who are knowledgeable about their own risk of TB and the benefits of LTBI treatment will hopefully opt for preventative treatment.
- Today, shorter regimes exist, including 4 months of daily Rifampin or a once weekly 12-dose regime of Isoniazid and Rifapentine, making treatment much easier for people.
- TB Wellness Champions can be employed to help you support clients throughout their TB treatment.

Refer to FNHA TB Priority Screening Quick Guide (Appendix A). Consult with FNHA TB Services with any questions, concerns or practice support.
## 1ST PRIORITY
At high risk for progression to TB disease if infected or at high risk for exposure to TB
Screen at time of diagnosis/identification and annually thereafter, at minimum.

### Screening Schedule
- All.
- If no previous positive TST.
- Immunocompromised or initiating immune suppressing treatment.
- Persons with TB symptomology.
- Persons starting treatment for LTBI.

### TB Symptom, Exposure and Risk Factor Inquiry
- All.

### Tuberculin Skin Test (TST)
- If no previous positive TST.
- New positive TST.

### Check x-ray (CXR)
- Immunocompromised or initiating immune suppressing treatment.
- Persons with TB symptomology.
- Persons starting treatment for LTBI.
- May done if required by the institution but clearance based on negative symptomatology alone is acceptable and preferred.

### Sputum for AFB
- Persons with TB symptomology.

## 2ND PRIORITY
Provincial Congregate, Occupational and Travel Screening

### Screening Schedule
- Congregate setting: screen at time of referral.
- Occupational: Upon new hire. No further screening unless TB risk identified.
- Travelers: screen at baseline and following travel of 2 months or more to a high incidence country.

### TB Symptom, Exposure and Risk Factor Inquiry
- All.

### Tuberculin Skin Test (TST)
- If no previous positive TST.
- 2-step TST for Health Care Workers.

### Check x-ray (CXR)
- New positive TST.
- Persons with TB symptomology.

### Sputum for AFB
- Persons with TB symptomology.
CLIENT SCREENING EDUCATION REMINDERS

Ensure the client has a clear understanding of the following key points:

- The purpose of the screening and diagnostic tests and why they are being recommended.
- The difference between LTBI and active TB disease.
- Window periods and timing for repeat testing if necessary.
- How the test is done.
- When to expect results.
- The significance of negative or positive TST and IGRA results.

If TST positive discuss the following:

- The client should not have a skin test again. Instead, future screening may require and IGRA and/or CXR.
- A positive TST result does not exclude the client from school, work or volunteering after active TB disease has been ruled out.
- TB Physician recommendations and follow-up (e.g., IGRA, treatment of LTBI).
- Certain risk factors could increase the chances of acquiring a TB infection and developing active TB disease. Provide resources and referrals, as appropriate (e.g., HIV care, Diabetes management, Smoking Cessation).
- If the client does not take treatment for LTBI, review the signs and symptoms of active TB disease and when to report to a health care provider.

*Source: BCCDC TB DST 2017*
TB Prevention and Control is a mandatory Public Health program that takes place through collaboration between FNHA TB Services, First Nations communities and Provincial partners. Services are primarily delivered in First Nations communities and include community-level assessment, monitoring and prevention of TB, holistic Case Management of TB disease, and contact investigation. Capacity building through culturally-informed TB awareness and prevention activities, as well as surveillance, data collection and evaluation are also important aspects of TB Services.
<table>
<thead>
<tr>
<th>TB ACTIVITY</th>
<th>FNHSO CHN ACTION</th>
<th>FNHA TBS ACTION</th>
<th>BCCDC TBS SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Screening</td>
<td>Conduct Screening.</td>
<td>Provides guidance on clinical pathway.</td>
<td>MD reviews and provides recommendations.</td>
</tr>
<tr>
<td></td>
<td>Direct care management.</td>
<td>Reviews CHN documentation.</td>
<td>Emails notification to FNHA TBS.</td>
</tr>
<tr>
<td></td>
<td>Document into Panorama.</td>
<td>Assures complete diagnostic lab submission.</td>
<td>Pharmacy dispenses medications.</td>
</tr>
<tr>
<td></td>
<td>Panorama Users:</td>
<td>Assures MD recommendations are clear &amp; coordinated.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Notifies FNHA through email of any screening requiring CXR review or other clinical evaluation.</td>
<td>Notification between FNHSO CHN &amp; BCCDC TBS.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-Panorama Users:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FAX TB Screening Form to FNHA.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management (LTBI and TB Treatment Monitoring &amp; Completion)</td>
<td>Direct care management with FNHA partnership.</td>
<td>Enters treatment information into Panorama and conducts case and contact management coordination.</td>
<td>MD reviews and provides recommendations.</td>
</tr>
<tr>
<td></td>
<td>Completes collaborative client/family/provider care plan, including pre-treatment and monthly treatment monitoring.</td>
<td>Orders medications from BCCDC.</td>
<td>Emails notification to FNHA TBS.</td>
</tr>
<tr>
<td></td>
<td>Panorama and non-Panorama users:</td>
<td>Provides guidance on clinical pathway.</td>
<td>Pharmacy dispenses medications.</td>
</tr>
<tr>
<td></td>
<td>FAX paperwork for adherence and monitoring logs to FNHA monthly.</td>
<td>Ensures diagnostic and monitoring labs uploaded and reviewed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensures BCCDC MD recommendations are clear &amp; coordinated.</td>
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<tr>
<td></td>
<td></td>
<td>Provides notification between FNHSO CHN &amp; BCCDC TBS.</td>
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</tr>
</tbody>
</table>
3.1 BC FIRST NATIONS TB SERVICES ROLES AND RESPONSIBILITIES

Effective TB programming in First Nations communities requires collaboration and coordination across many roles. The responsibilities of each role include, but are not limited to, the following:

**THE ROLE OF THE BCCDC TB SERVICES PHYSICIAN CONSULTANT**
- Advises on all matters related to the control of TB in BC First Nations communities.
- Provides consultation and recommendations regarding screening, treatment and/or management of latent TB infection (LTBI) and active TB disease.
- Provides consultation regarding epidemiological trends of TB in BC First Nations populations.

**THE ROLE OF THE FNHA TB NURSE ADVISOR**
- Provides case management, support and direction to the CHN regarding diagnosis and treatment of latent TB infection (LTBI) and active TB disease, including contact investigation coordination.
- Reviews medication and monitoring records submitted by the CHN.
- Provides consultation services and assists the CHN with community TB screening and education.

**THE ROLE OF THE FNHA TB NURSE EDUCATOR**
- Provides TB education to community members, CHNs and other health care providers, upon request.
- Assists with coordination of community-based TB programs and projects.
- Acts as a resource person for FNHA TB and other BCCDC staff on issues of cultural competency and the health of First Nations populations.

**THE ROLE OF THE COMMUNITY HEALTH NURSE**
- Provides comprehensive, community-based TB programming to First Nations communities.
- Provides direct care for all persons with LTBI or active TB disease, and assists FNHA TB Nurse Advisors with contact investigations.
- Directly supervises TB Wellness Champion.

**THE ROLE OF THE TB WELLNESS CHAMPION**
Under the supervision of the Community Health Nurse;
- Participates in TB education within the community.
- For those TB Wellness Champions with adequate training, assists with sputum collection, reading TB skin tests, and provides TB medications through Directly Observed Therapy.

**STRONG TB PROGRAMS INCLUDE EARLY DETECTION AND TREATMENT OF BOTH TB DISEASE & INFECTION, AND THE PROMOTION OF TB AWARENESS IN COMMUNITIES.**
3.2 HOLISTIC CASE MANAGEMENT MODEL

The aim of the First Nations Community TB Services is integrated, holistic case management of persons experiencing TB disease and those exposed to infectious TB. Efforts strive for a culturally safe, client-centered approach to all aspects of care. Team members include CHNs, Wellness Champions, Elders/cultural leaders and Primary care providers. FNHA TB Services Nurse Advisors provide consultation, coordination and guidance. BCCDC provides expert TB MD recommendations.

- Clients and their close relations – whether by blood, social network or culture – are experts on their own lives, motivations and needs. Respectful inclusion of clients in the development of a TB care plan is essential.

- BCCDC and RHA CD Teams provide expert clinical and public health guidance while Primary care providers oversee clinical monitoring.

- CHNs oversee care management and align treatment with existing health conditions and services.

- FNHA TB Services Nurse Advisors act as a coordination hub assuring care progresses according to quality standards and that services are provided with equity and safety.

- TB Wellness Champions are community members who provide treatment support/directly observed therapy, education, cultural navigation and encouragement to persons affected by TB. Wellness Champions may already be working in community or may be hired through FNHA.

- The Ho‘kumelh O’pekwan (Gathering Basket) aspect of the FNHA TB Services program provides assistance with basic needs – including, but not limited to, food and transportation – in order to ensure that TB patients can complete treatment safely and successfully.
APPENDIX A  FNHA PRIORITY TB SCREENING QUICK GUIDE

1. OFFER SCREENING TO COMMUNITY MEMBERS WITH LATENT TB INFECTION AT HIGHER RISK FOR PROGRESSION TO TB DISEASE
   - Seniors aged 65 years or older
   - Medical risk factors
     - HIV
     - Transplant
     - Diabetes
     - Chronic kidney disease/dialysis
     - Cancer
     - Immune suppressing medications
   - CXR abnormalities (scarring, fibronodular disease, granulomas)
   - Substance use, including tobacco
   - TB history
     - Recent TST conversion
     - Known TB exposure(s)
     - Previous incomplete treatment

2. OFFER SCREENING TO COMMUNITY MEMBERS AT HIGHER RISK FOR EXPOSURE TO TB
   - Homeless/under-housed
   - Living in overcrowded homes
   - Congregate settings
     - Shelters
     - Correction facilities
   - Many social contacts
GATHER COMMUNITY TB HISTORY
- Invite community members, Elders and community health team to share stories about TB from the past
- Be aware that such memories can be triggering because of the traumatic history around TB

GATHER INDIVIDUAL TB HISTORIES
- Review charts
- Interview Seniors
- Obtain Panorama Community TB profile
- Review individual Panorama client records
- Ask your Community Health team

IDENTIFY COMMUNITY MEMBERS WHO ARE A PRIORITY FOR SCREENING
- Previous positive TST or IGRA
- History of active TB
- Risk factors (page 1)

OFFER SCREENING
- Signs & Symptoms
- Risk factors
- TB history
- TST (if previously negative)
- Consider IGRA
- CXR NOT required unless symptomatic, new TST positive or starting treatment.
- Complete screening form and fax to FNHA at 604-689-3302. Notify FNHA by email: FNHATB@FNHA.ca or phone:1-844-364-2232 if client has symptoms

SHARE KNOWLEDGE
- Signs & Symptoms of TB and importance of seeing health care provider early
- Individual risk factors
- Benefits of treatment of LTBI

SUPPORT TB TREATMENT
- New shorter course medication regimes make treatment easier
- TB Wellness Champions can support community members through TB treatment

"The nurse told me that since I have Diabetes I maybe at risk for getting TB. I had a positive TB test in the past when my brother had TB. They wanted me to take medication to prevent TB then but I was too busy working. The nurse told me if I get a cough that doesn't go away or have other symptoms I should get checked for TB right away! The best way to check if someone is sick with active TB is with a sputum test. I am thinking I might take the medicine to prevent TB now so I don't have to worry!"

FNHA TB SERVICES: 1-844-364-2232
CONFIDENTIAL FAX: 604-689-3302
APPENDIX B  FNHA TB SERVICES INFORMATION

WHAT DO WE PROVIDE?

- Culturally-informed TB education, training and consultation to CHN's, CHR's, Health Directors and community members
- Coordination and guidance in the case management of TB disease, latent TB infection and contact tracing
- Coordination to BCCDC TB Services in the provision of physician, lab, pharmacy and epidemiology

CONTACT INFORMATION

<table>
<thead>
<tr>
<th>General Contact: FNHA TB Services</th>
<th>Clinical Nurse Specialist – TB</th>
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<tbody>
<tr>
<td>Email: <a href="mailto:FNHATB@fnha.ca">FNHATB@fnha.ca</a></td>
<td>TBD</td>
</tr>
<tr>
<td>Tel: 1-844-364-2232 or 604-693-6998</td>
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<tr>
<td>Confidential Fax: 604-689-3302</td>
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<tr>
<td>Hours: Mon-Fri 8:30-4:30, Closed Stat Holidays</td>
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<thead>
<tr>
<th>CDC Nurse Coordinator - TB</th>
<th>Nurse Educator – TB</th>
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<tbody>
<tr>
<td>Jennifer Sammartino, RN</td>
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<td>Email: <a href="mailto:Jennifer.Sammartino@fnha.ca">Jennifer.Sammartino@fnha.ca</a></td>
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</tr>
<tr>
<td>Tel: 604-693-3277</td>
<td></td>
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<tr>
<td>Cell: 604-319-1808</td>
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<thead>
<tr>
<th>Clinic Nurse Advisor - TB</th>
<th>Clinic Nurse Advisor - TB</th>
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<tbody>
<tr>
<td>Sheila Hourigan, RN</td>
<td>Diana Mounce, RN</td>
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<td>Tel: 604-661-3899</td>
<td>Tel: 604-661-3886</td>
</tr>
<tr>
<td>Cell: 236-993-7730</td>
<td>Cell: 604-329-3615</td>
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<tr>
<th>TB Resource Coordinator &amp; Data Entry</th>
<th>Panorama TB Support Module</th>
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<tbody>
<tr>
<td>Tracey Olson</td>
<td>Email: <a href="mailto:Panorama@fnha.ca">Panorama@fnha.ca</a></td>
</tr>
<tr>
<td>Email: <a href="mailto:Tracey.Olson@fnha.ca">Tracey.Olson@fnha.ca</a></td>
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<tr>
<td>Tel: 604-693-6573</td>
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<tr>
<th>After Hours / Weekend / Holiday TB Urgent Support:</th>
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<tbody>
<tr>
<td>Fraser Health: 604-527-4806</td>
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<tr>
<td>Interior Health: 1-866-457-5648</td>
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<tr>
<td>Northern Health: 250-565-2000</td>
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<td>Vancouver Coastal: 604-527-4893</td>
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<tr>
<td>Island Health: 1-800-204-6166</td>
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<tr>
<td><strong>TELEPHONE</strong></td>
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<td>604.693.6500</td>
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